

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received
SEP 22 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0088
Date: 5-9-17
Amount Paid: \$185 5-1-17
Refund:

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: PATRICK C & DIANNE JENNETTA
Address of Property: Just South of 5335 CAD
City/State/Zip: GRANDVIEW WIS 54839
Telephone: 218-428-8845
218-213-5388

Contractor: Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: NW 1/4, NW 1/4
Legal Description: (Use Tax Statement)
PIN: (23 digits) 00-021-2-45-06-27-2-02-000-140000
Volume 1130
Subdivision: 259
Recorded Document: (i.e. Property Ownership) Page(s) 259

Section 27, Township 45 N, Range 6 W
Town of: Grandview

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->
Distance Structure is from Shoreline: 180 feet
Distance Structure is from Shoreline: 180 feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material \$5000

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System is on the property? Water

☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☐ Well
☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐
☐ Relocate (existing bldg) ☒ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon)
☐ Run a Business on Property ☒ No Basement ☒ Portable (w/service contract)
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 10' Width: 8' Height: 8'
Proposed Construction: Width: Height:

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure Dimensions Square Footage

☒ Principal Structure (first structure on property) SHED 8' x 40' 320
☐ Residence (i.e. cabin, hunting shack, etc.) SHED
☐ with Loft
☐ with a Porch
☐ with (2nd) Porch
☐ with a Deck
☐ with (2nd) Deck
☐ with Attached Garage
☐ Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)
☐ Mobile Home (manufactured date)
☐ Addition/Alteration (specify)
☐ Accessory Building (specify)
☐ Accessory Building Addition/Alteration (specify)

Rec'd for Issuance ☐ Special Use: (explain)
☐ Conditional Use: (explain)
☐ Other: (explain)

MAY 01 2017

Secretary's Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
including any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials' charges with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

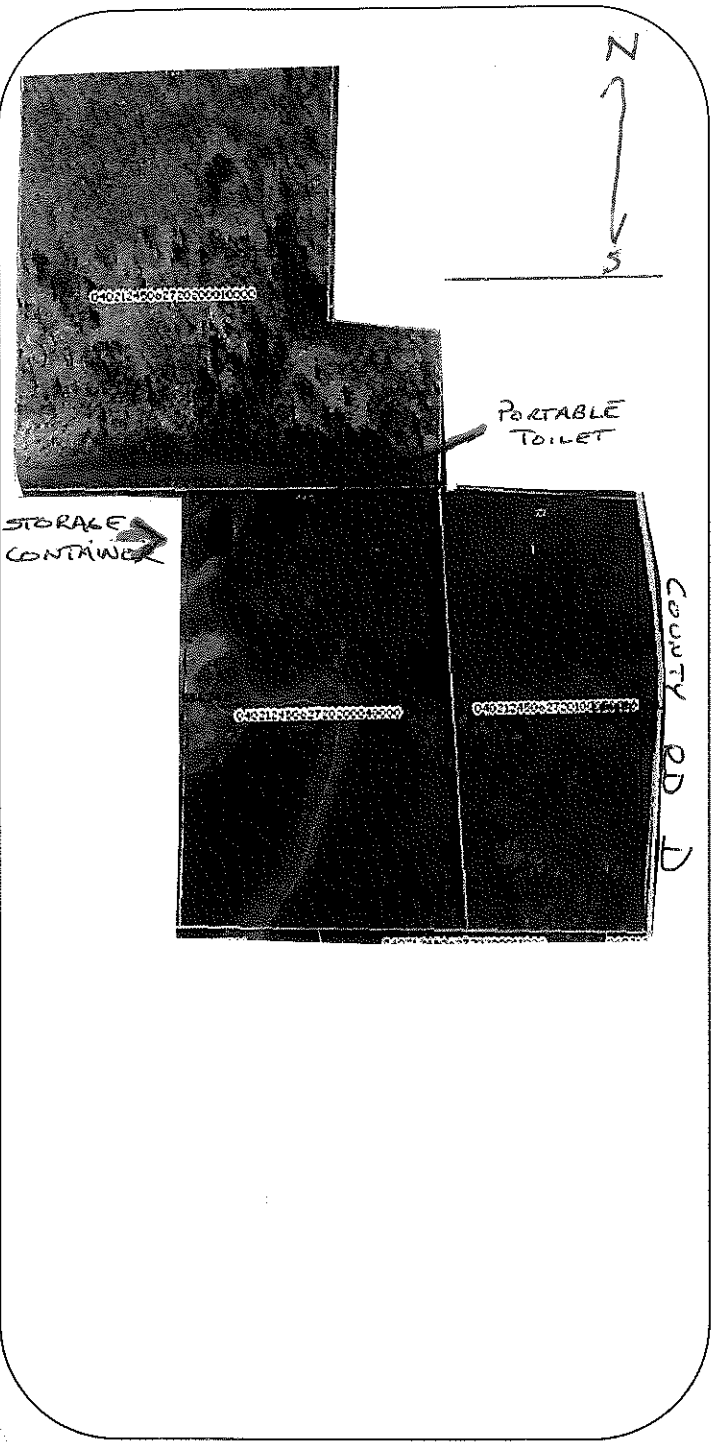
Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 9-18-16

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date

Address to send permit (If you recently purchased the property send your Recorded Deed)
Attach
Copy of Tax Statement

Box below. Draw or Sketch your Property (regardless of what you are applying for.)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	615' Feet	Setback from the Lake (ordinary high-water mark)	480' Feet
Setback from the Established Right-of-Way	582' Feet	Setback from the River, Stream, Creek	180' Feet
Setback from the North Lot Line	75' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	545' Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	75' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	263' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	60' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0088		Permit Date: 5-8-12			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Fused/Contiguous Lot(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: OK		Zoning District (R-2) Lakes Classification (3)			
Date of Inspection: 10-5-16		Inspected by: Stanley		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If No they need to be attached.)					
Not for human habitation No water under pressure					
Signature of Inspector: Stanley		Date of Approval: 10-5-16			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Portable Privy
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0088** Issued To: **Patrick & Diana Jeanetta**

Par in
Location: **NW** $\frac{1}{4}$ of **NW** $\frac{1}{4}$ Section **27** Township **45** N. Range **6** W. Town of **Grand View**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Principal Structure: [1- Story; Shipping Container (8' x 40') = 320 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for human habitation. No water under pressure. Must be maintained per servicing contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Josh Rowley

Authorized Issuing Official

May 2, 2017

Date